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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004124 (4)**

1. Corporation Name

BAYTREE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7380 MURRELL ROAD SUITE 201 VIERA FL 32940 US	7380 MURRELL RD SUITE 201 VIERA FL 32940 US

3. Date Incorporated or Qualified: 09/14/1993

4. FEI Number: 59-3139159 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLAKE, R M
7380 MURRELL RD, SUITE 201
VIERA FL 32940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAKE, R M		1.2 NAME		
STREET ADDRESS	7380 MURRELL ROAD SUITE 201		1.3 STREET ADDRESS		
CITY-ST-ZIP	VIERA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DECATOR, JAY A III		2.2 NAME		
STREET ADDRESS	7380 MURRELL ROAD,SUITE 201		2.3 STREET ADDRESS		
CITY-ST-ZIP	VIERA FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTELL, PAUL		3.2 NAME		
STREET ADDRESS	7380 MURRELL ROAD,SUITE 201		3.3 STREET ADDRESS		
CITY-ST-ZIP	VIERA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Tom Vani	
STREET ADDRESS			4.3 STREET ADDRESS	400 High Point Drive, Suite 500	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Cocoa Florida 32926	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul Martell Paul Martell 4.28.98 (407) 242-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #